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A method of predicting respiratory disorder syndrome in premature infants - with determination of the prothrombin index, plasmid activity, plasminogen, blood clot retraction and vol, and prothrombin time in the venous blood during the first hours of life

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A method of predicting respiratory disorder syndrome (RDS) in premature infants (PI) involving determination of the max. possible coagulating activity of blood samples is new.

The prothrombin index, plasmid activity, plasminogen blood clot retraction and vol, and prothrombin time in the venous blood are determined during the first hours of life. If the values of the max. coagulation activity of the blood, the prothrombin time, the plasmid and plasminogen activities, and the retraction of the blood clot are decreased, and the values of the blood clot vol. and the prothrombin time are increased compared with the control RDS is diagnosed.

ADVANTAGE

The new method is more accurate and more informative than previous methods, in which the hemostasis state was assessed from only one coagulogram test, and in which no numerical values were obtained for the permissible variations, departures from which indicated disturbance in the blood coagulation system of the PI, with a prognosis of RDS development.

EXAMPLE

A female infant, body wt. 1400g with a petechial rash on the skin after birth, showed the following coagulogram data during the first 2 hr after birth: max. coagulating activity of the blood, according to auto-coagulation test 18.5%, prothrombin time 32s, prothrombin index 0.17 specific units, plasmid activity O FE, plasminogen activity 230 FE, blood clot retraction 28.6%, and blood clot vol. 39.10^{-2} litre. The diagnosis was: disease of the hyaline membrane, stage 11-111 RDS, stage 111 prematurity, hemorrhagic syndrome. The infant was subjected immediately to infusion therapy, with inclusion of angioprotectors and freshly frozen plasma, 10ml/kg body wt. per day. The values of the above parameters after infusion were (in the same order): 20.5%, 28s, 0.21 specific units, O FE, 437 FE, 47.4%, and 39.10^{-2} litre. These data indicated strengthening of the blood coagulation process, after transfusion of freshly frozen plasma. (AB)

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